

**CITY OF WHITEWATER ZONING AND PROPERTY CONDITION
COMPLAINT FORM**

**NEIGHBORHOOD SERVICES DEPARTMENT
312 WEST WHITEWATER STREET
P. O. BOX 178
WHITEWATER, WI 53190
262-473-0540**

**E-mail: codeenforcement@whitewater-wi.gov
Website: <http://www.whitewater-wi.us>**

PLEASE PROVIDE ALL OF THE BELOW INFORMATION IF KNOWN.

Your name (anonymous complaints will be accepted):

Your address:

Your Phone: Home: _____ Work: _____ Cell: _____

Your E-mail: _____

Occupant of Property Subject to Complaint: _____

Owner of Property Subject to Complaint: _____

Address of Property Subject to Complaint: _____

Have you contacted owner regarding this problem? _____

If you contacted owner, what was the result? _____

Please provide a copy of your written notification given to the owner.

Description of Problem: (Attach additional pages or information, if necessary)

Your Signature:

Date

Please be advised that the City will have to provide a copy of this document to any party requesting it under the open records law of the State of Wisconsin.

FOR OFFICE USE ONLY

Date received by Zoning Office: _____

Address of Property: _____

Owner of Property: _____

Owner's Address: _____

Occupant's name(s): _____

Name of Notifying party: _____

Date of Inspection: _____

Inspector's Findings: _____

If violation found, describe and list Zoning or Property Code Section violated:

Action and Date of Action Taken:

Response of Owner or Occupant, if any, including date: _____

Date of Compliance: _____

Date Complainant informed of Action Taken (reporting party should be notified of status within 30 days of Complaint): _____

Case Closing Date: _____

Neighborhood Services Director
(or other City Official)

Date